

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595937

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS

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100

TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS